

Medicines Waste Form

<p>If you are receiving medicines that you do not want or need please write down the names of the medicines here;</p>		
<p>In your opinion why do you think you are receiving the unwanted medicines? Please tick a box if relevant or explain in your own words here;</p>	<input type="checkbox"/> I am receiving medicine(s) that I no longer take <input type="checkbox"/> I am receiving too large a quantity of a medicine(s) <input type="checkbox"/> I am receiving medicine(s) that I have not requested <input type="checkbox"/> Other (explain here);	
<p>Have you any suggestions on how would you like this resolving? Please tick a box if relevant or explain in your own words here;</p>	<input type="checkbox"/> The medicine(s) need to be taken off my repeat prescription <input type="checkbox"/> The quantity needs to be reduced on my repeat prescription <input type="checkbox"/> The dose has changed and needs amending on my repeat prescription <input type="checkbox"/> The Pharmacy need not order the medicine(s) <input type="checkbox"/> The Practice need not issue the prescription <input type="checkbox"/> Other (explain here);	
<p>Please give details of your GP Practice and which Pharmacy is used;</p> <p><i>All Rotherham GPs and pharmacies are committed to reducing medicine's waste, they are working with us and are expecting and will appreciate any feedback.</i></p>	<p>GP Practice Name and Address;</p>	<p>Pharmacy Name and Address;</p>
<p>Have you talked to your GP/Practice/ Pharmacist about this? If you have/ have not please explain here;</p>	<p>No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> Please explain here;</p>
<p>How would you like us to respond to you? Please fill in your name and address / email / telephone number here;</p>	<p>Name;</p> <p>Address;</p> <p>Preferred method of contact; Please fill in details for one of the options below;</p> <p>Email Address;</p> <p>Telephone Number:</p>	